

REQUEST FOR LIVE SCAN SERVICE

ORI: **CA0349435**

Type of Application: (check one) ☐ Record Review

☐ DOJ Visa/Immigration Clearance Letter

(Visa/Immigration, Letter of Good Conduct, Police Clearance Letter, Foreign Adoption)

(Job Title)

Reason for Application: _____

Agency Address Set Contributing Agency:

**California Department of Justice
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170**

Mail Code: 07041

**Contact Name: Record Review Unit
Contact Telephone No. (916) 227-3832**

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

Date of Birth: _____ SEX: ☐ Male ☐ Female

Billing No. N/A

HT: _____ WT: _____

Applicant's Address:

EYE Color: _____ HAIR Color: _____

Street or P.O. Box

Place of Birth: _____
(State or Foreign Country)

City, State and Zip Code

Social Security Number: _____

California Driver's License No. _____

Daytime Telephone Number

Level of Service

☒ DOJ Only

If Resubmission, list Original ATI No. _____

MAILING ADDRESS

(Employer Address)

Please list your mailing address from above, or if you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following:

Name: _____
Title

Address: _____
Number Street Apt or Suite No.

City

State

Zip Code

Live Scan Transaction Completed by: _____ Date: _____
Name of Operator

Transmitting Agency: _____ Terminal ID: _____ Amount Collected: _____